



MAINE STATE BOARD OF NURSING

158 State House Station • Augusta, Maine 04333-0158
(207) 287-1133

APPLICATION FOR LICENSE AS A REGISTERED PROFESSIONAL NURSE BY ENDORSEMENT

DO NOT WRITE IN THIS SPACE

Application Received _____

Application Approved by Board of Nursing: _____

Fee: Cash _____ Check _____ MO _____

Chair _____

Receipt # _____

License Date _____

Executive Director _____

LICENSE NUMBER _____

Date _____

INSTRUCTIONS. An applicant must submit to the Board of Nursing office the following:

1. application form completed in ink or typewritten and properly notarized with signature in applicant's handwriting, and
2. required fee of ~~\$75.00~~ in the form of U.S. check or money order in U.S. funds, made payable to the Treasurer of State of Maine, and
3. recent passport type photograph (not more than two years old), signed and dated, and enclosed with the application form, and
4. photocopy of a current (active) license in another state.

It is imperative that you supply us with your entire name, including any and all previously used names. If you do not have middle, maiden, or previous names, then you must write NONE in the appropriate space.

The Board of Nursing in the State which issued your original license by examination will be requested to verify your original licensure. You will be informed if a fee is required for this service. **YOU MAY NOT PRACTICE NURSING IN MAINE UNTIL YOU RECEIVE AUTHORIZATION FROM THIS OFFICE.**

THE APPLICATION FEE IS NOT REFUNDABLE

SECTION I. PROFILE INFORMATION

Print legal name _____
(first) (middle) (maiden) (last)

List any other names used previously _____

Residential address _____
(street and number or route)

(city)

(county)

(state and zip code)

Mailing address (if different from above) _____

Telephone Number _____ Social Security Number _____

Birthplace _____ city/state Date of Birth _____ month/day/year

High School _____ name and location

Date of Graduation _____ G.E.D. Yes ☐ No ☐ Date of G.E.D. Diploma _____

SECTION II. BASIC NURSING EDUCATION

School of Nursing
(name)

.....
(address)

Date of Entrance Date of Graduation Length of Program

Diploma ☐ Associate ☐ Baccalaureate ☐ Masters ☐ Doctoral ☐ Certificate ☐

SECTION III. LICENSURE HISTORY

Original registration: State/Country Year License No.

By: Examination Yes ☐ No ☐

Do you now hold or have you ever held a license to practice nursing (registered or practical) in
Maine, in any other state, or in any other jurisdiction or country? If yes, indicate below the
state(s), license number(s), type of license, and dates held. Attach additional sheet if necessary.

Yes ☐ No ☐

State(s) or country: License No(s): RN or LPN? Date of Issue Date of Expiration

.....

.....

Have you completed a program preparing nurse practitioners, nurse anesthetists, nurse-midwives or clinical nurse specialists?

Yes ☐ No ☐

SECTION IV. EMPLOYMENT INFORMATION

A. List employment in nursing for the past five years.

Name of Agency	City and State	Dates of Employment

B. If you have not been employed in nursing in the last five years, please explain

.....

.....

C. Are you currently employed in nursing? Yes ☐ No ☐

If yes, indicate name and address of employer

.....

D. Where in Maine do you plan to work?

SECTION V. DISCIPLINARY INFORMATION

- A. Has any Board of Nursing ever fined, warned, censured, or reprimanded you? Yes ☐ No ☐
- B. Have you ever had a nursing license placed on probation, denied, suspended or revoked in any state? Yes ☐ No ☐
- C. Is there any complaint pending against your license in any state or jurisdiction? Yes ☐ No ☐
- D. Have you ever been disciplined for problems resulting from a physical illness or condition? Yes ☐ No ☐
- E. Have you ever been disciplined for problems resulting from mental illness? Yes ☐ No ☐
- F. Have you ever been disciplined for problems resulting from chemical dependency? Yes ☐ No ☐
- G. Have you ever been convicted of a crime other than minor traffic violations? Yes ☐ No ☐

If you answered "YES" to any of the above questions, indicate all state(s) or jurisdiction(s) involved and attach an explanation.

SECTION VI: RESIDENCE INFORMATION

What state (or country if you are not from the U.S.) do you claim as your legal residence?

THIS FORM MUST BE NOTARIZED

TAPE TOP ONLY

one recent photograph

Sign back of photo and
indicate year taken

Photo must be:

Full Face View

Passport Type

Clear and recognizable
likeness

I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have read and understood this affidavit.

Signature of Applicant _____

Sworn to before me this _____ day of _____, 20__.

(SEAL)

Notary Public _____

My commission expires _____ in and for the State of _____



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
BOARD OF NURSING
158 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0158

MYRA A. BROADWAY, J.D., M.S., R.N.
EXECUTIVE DIRECTOR

DECLARATION OF PRIMARY STATE OF RESIDENCE

Name: _____ Social Security Number _____

Permanent/Residential Address:

(Apartment #, RR#, Street)

(City, State, and Zip Code)

Mailing address: (If same as above check here _____)

(PO Box, Apartment #, RR#, Street)

(City, State, and Zip Code)

Telephone Number _____ Email address: _____

() Yes () No Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government?

In accordance with Chapter 11 Regulations Relating to the Nurse Licensure Compact Part II, 2.a. of the Nurse Licensure Compact Rules and Regulations, I declare that the State of _____ is my primary state of residence and is my legal state of residence.

I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Providing false or misleading information may result in disciplinary action by the Board.

(Signature)

(Date)

(Print Name)



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